

DOE-RL/ORP AUTHORIZATION FOR ERGONOMIC ASSESSMENT

Employee Name: _____ Contact Phone: _____

Office Location (building and room number): _____

Supervisor _____

Basis for Request:

Supervisor Comments (complete if authorization is DENIED):

☐ Approved

☐ Denied

Employee - sign and date

Supervisor Approval - sign and date

When approved, send via plant mail to:

HPMC Occupational Medical Services
ATTN: Paul Rudis
MSIN G3-70

Or scan and email to:

[Paul A Rudis@rl.gov](mailto:Paul_A_Rudis@rl.gov) or [Laura K Carpino@rl.gov](mailto:Laura_K_Carpino@rl.gov)

*Upon receipt, employee will be contacted to
schedule the assessment.

If denied, return unsigned to employee with the reason for denial.